



For Ecology Use

Fee Paid 10

Date 14 Octo4

State of Washington DEPT OF ECOLOGY Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

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FEE	PA	JD.	-	
	-	No. of Lot, House, etc.,	SHALL SHALL	

Section 1. APPLICANT - PERSON, ORGA	-1
Name Bruce Nilsen	
Tailing Address P. O. Box 2450	
tity Silverdale State wa Zip+4 973	70+ FAX:(340)692 - 2113
Section 2. CONTACT - PERSON TO CALI ☐ Same as above	L ABOUT THE APPLICATION
Jame Cray Gresham/ Gresham Well	Dilling Home Tel: (360) 779= 9323
Mailing Address P.O Box 1600	Work Tel:() -
City Poulsbo State WA Zip+4 9832	70 + FAX:(360) 779 9323
Relationship to applicant Consultant	6077
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than	(gallons per minute or ground water source (check only one) for the purpose(s) . ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instruct ufficient.	
Estimate a maximum annual quantity to be used in acre-feet p	per year: 9 acre-feet per yv.
그는 그 사람들은 살림이 하는 사람들이 그들을 때문에 보고 있는 것이 되었다.	
☐ Check if the water use is proposed for a short-term proj	ject. Indicate the period of time that the water will be neede
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From/ to/	
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From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring,	
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Appl. No.: 61-28223

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: Walker Mountain # 1 & #2 Water System
B.	Briefly describe your proposed water system. (See instructions.)
	2- Class B Systems.
C.	Do you already have any water rights or claims associated with this property or system?
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: 18 Type of connection Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? Washington State Department of Health? Washington Washington State Department of Health? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
Α.	Total number of acres to be irrigated: 9 Lawn Residential
В.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcres
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
	Add up the acreage in which you have a controlling interest, including only:
	‡ Acreage irrigated under water rights acquired after December 8, 1977;
	‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 6000 acres? ☐ YES ☑ NO
	2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☑ NO If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below)
	Dairy # Milking # Non milking

Will you be using a dam, dike, or other structure to retain or store water?	□ YES ⊅NO
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be some portion of the storage will be above grade, you must also apply for a reservoir permit application from the Department of Ecology.	e 10 feet or more at the deepest point, and it. You can get a reservoir permit
Section 9. DRIVING DIRECTIONS	
Provide detailed driving instructions to the project site.	
See attached	
Section 10. REQUIRED MAP	
A. Attach a map of the project. (See instructions.)	
See Attached	
Section 11. PROPERTY OWNERSHIP	
A. Does the applicant own the land on which the water will be used? Open If no, explain the applicant's interest in the place of use and provide the national description.	ame(s) and address(es) of the owner(s):
B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: Open Space for SPD Community ownership	030-5135-6996 PYES \$\text{NO}
I certify that the information above is true and accurate to the best of my knoto process my application, I grant staff from the Department of Ecology accemonitoring purposes. Even though I may have been assisted in the preparati employees of the Department of Ecology, all responsibility for the accuracy of the Department of Ecology.	ss to the site for inspection and on of the above application by the
Ca A Stolan	1-2-04
Applicant (or authorized representative) Date	
Bu vila 11.	-2-04
Landowner for place of use (if same as applicant, write "same") Date	

Section 8. WATER STORAGE

See Map 17

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See Map 18



Charter Title & Escrow



CURVE RADIUS LENGTH TANCENT DELTA CI 60.00' 43.72' 22.88' 41-45'14' L2 L3 L4 L5 L6	DIRECTION DISTANCE 1 6800'00" E 50.00" 5 1502'01" E 22.00' 1 30'58'08" E 32.58' V 01'49'42" E 71.94' 5 20'17'12" E 87.11' 5 13'18'45" E 83.60' 5 25'40'03" E 90.98' 5 20'45'07" E 87.31'
See Record-of-Survey Vel.29 Pg.132 for encrocoments along this line of E Approved to the second of Survey Vel.29 Pg.132 for encrocoments along this line of E N 8870'18" W	SURVE SU
South Line of that parcel described in A.F. 691957 per	FIL.

This sketch is not based upon a survey of the property. It is furnished without charge courtesy of CHARTER TITLE & ESCROW, soley for the purpose of assisting in locating the said property. It does not purport to show all roads or easements. The company assumes no liability for inaccuracies therein.

PORTION OF THE SUQUARTER SEC.: 22 TOWN.: ZG RANGE: _

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ACCOUNT NUMBER 222601-3-078-2000 SEC REVERSE SIDE 2315422

ADC 900

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41101 ANDU 30-1-98

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PROPERTY DESCRIPTION

SEC 22 TWP 26 RGE 1E COMMON AREA, SHORT PLAT NO. 7030 RECORDED UNDER AUDITOR'S FILE NOS. 3002031/2032; BEING A PORTION OF (LOT LARGE LOT SUBDIVISION NO 118 RECORDED UNDER AUDITOR NO 8910100135) THAT PORTION OF GOVERNMENT LOT 5, SECTION MORE ON FILE

PROPERTY TAX STATEMENT

KITSAP COUNTY, STATE OF WASHINGTON

2001

04/01

* HALF TAX

TAX

CONTRACTOR DESIGNATION OF THE COURSE.	CONTINUE THE THE STREET WASHINGTON
State General Pegiphul Litrary Lonal Schnon County General County Aceds City Port District Europer & Water Fire District Hospital District PU.C. No. 1	Lend Value Improvements TOTAL VALUE Levy Code 4370 Levy Rate 13.421827 GENERAL TAX 328 VOTER Approved Exemption (if My)

YZAM

TOTAL CURATNT DUE

MITTEREST

DELINQUENT TAX INFORMATION

First hall beset paid after April 30th will incur interest clus penalty computed on the full year IZK AMOUNT (RCW 84.56).

Second half the becomes delinquent aher OCTOBER

DELINQUENT TOTAL

TAXES OWING ANTE DETAINED UNIS

DETACH THIS PORTION AND MAIL

ACCOUNT NUMBER 222601-3-078-2000 2 nd payment

2315422

PROPERTY TAX SHARON SHRADER

TAX

TYPE

Park & Roc. Dist.

TOTAL CURRENT TAX

MAKE REMITTANCES ANYMELE TO

KITSAP COUNTY TREASURER

TAX

DELINQUENT PAYMENTS RECEIVED WITHOUT INTEREST AND PENALTY WILL BE RETURNED

Your cancelled check is your receipt.

FULL TAX

If you did not make a first half payment or pay the delinquent faxes hated, if any, call (460) 937-713h for delinquent tax, interest and penalty due. For toil free phone numbers see the back of this statement.

> WALKER MOUNTAIN LTD C/O MITCHELL THEODORE C P O BOX 654 CITRUS HEIGHTS CA 95 CA 95610

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ACCOUNT NUMBER

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2001 PROPERTY TAX

SHARON SHRADER MAKE REMITTANCES PAYABLE TO

KITSAF COUNTY THEASURER

PIAH!

YEAR

DELINQUENT PAYMENTS RECEIVED WITHOUT INTEREST AND PENALTY WILL BE RETURNED

Your cancelled check is your receipt.

Payments of prior year taxes must include all imprest and penalty qua. For toll free plions numbers and other information ase the "back of this statement.

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OMIT INTEREST / PENALTY # HALF TAX FULL TAX

WALKER MOUNTAIN LTD C/O MITCHELL THEODORE C P O BOX 554 CITRUS HEIGHTS CA 95 CA 95610 APRIL 30

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